

# APPLICATION FORM

FOR CHARITABLE AND NOT FOR PROFIT ORGANISATIONS

## IMPORTANT NOTICE TO THE APPLICANT

To apply for Trustee Indemnity and Organisational Liability, please fully complete the following Application Form. It is very important that the person completing the Application Form understands that full disclosures must be made on the basis of proper enquiries and that the Application Form applies to the "Applicant". The "Applicant" includes the Applicant Charity or Association or Organisation and its Trustees, Officers, Directors and Committee Members individually. This Application Form does not bind the Applicant or the Insurers to any insurance but will form part of any subsequent insurance Policy issued.

## SECTION 1 - ABOUT THE APPLICANT (Please write in block capitals or cross the appropriate boxes as required)

- |   |  |
|---|--|
| 1. NAME OF APPLICANT ORGANISATION:  | 5. PERSON TO CONTACT ABOUT INSURANCE:                                      |
| 2. WEBSITE & CONTACT EMAIL ADDRESS:   | 6. CONTACT TELEPHONE NUMBER(S):  |
| 3. APPLICANT ORGANISATION IS A:<br><input type="checkbox"/> Registered Charity or CIO<br><input type="checkbox"/> Company Limited by Guarantee<br><input type="checkbox"/> Other Not for Profit Organisation (please specify) | 7. REGISTRATION NUMBER: (If applicable)                                    |
| 4. ADDRESS OF APPLICANT: (Principal address)  | 8. APPLICANT'S PRINCIPAL ACTIVITIES:                                       |
|   | 9. PROPOSED INCEPTION DATE FOR POLICY:<br>(12 month policy period assumed) |

## QUALIFYING STATEMENTS

The statements below attach to the Policy if one is issued. Insurers rely upon the answers to these statements when deciding whether or not to offer insurance to the Applicant, and if so, on what terms. If the answer is NO to any of the following statements, Insurers will require further information before proceeding. Please complete the ADDITIONAL INFORMATION section or attach additional sheet(s) if necessary.

## SECTION 2 - FINANCIAL STATEMENTS

THE APPLICANT CAN CONFIRM THAT	YES	NO
10. The Applicant acts solely for the advancement of charitable purposes or the benefit of its members.	<input type="checkbox"/>	<input type="checkbox"/>
11. The Applicant Organisation has been in continuous operation for more than 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
12. The Applicant Organisation's latest financial statements are audited or if not required to be audited are prepared by a qualified accountant and are less than 18 months old.	<input type="checkbox"/>	<input type="checkbox"/>
13. The Applicant Organisation's latest financial statements are not qualified.	<input type="checkbox"/>	<input type="checkbox"/>
14. The Applicant Organisation's latest financial statements do NOT show a loss.	<input type="checkbox"/>	<input type="checkbox"/>
15. The Applicant Organisation has not acquired any other organisations or concerns since its last financial year end which have increased its total assets by 50% or more.	<input type="checkbox"/>	<input type="checkbox"/>
16. The Applicant Organisation has no mergers or future acquisitions planned.	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 3 - BUSINESS STATEMENTS

THE APPLICANT CAN CONFIRM THAT	YES	NO
17. No activities under the Applicant Organisation's past, present or planned future management or ownership involve any of the following:		
i) For Profit Subsidiary or Associated Fundraising Companies ii) Provision of medical treatment or advice iii) Provision of nursing or care services iv) Friendly Societies or other lending institutions v) Provision of planning, regulatory or other legal advice vi) Pension Schemes – Final Salary	<input type="checkbox"/>	<input type="checkbox"/>
18. The Applicant Organisation can confirm that its entire funding/turnover is derived from the UK or other EU member countries.	<input type="checkbox"/>	<input type="checkbox"/>
19. The Applicant has procedures in place to control all incoming and outgoing monies and carries out checks at regular intervals to ensure all cheques and other outgoing funds have been properly drawn and correctly accounted for.	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 4 - EMPLOYMENT PRACTICES STATEMENTS (OPTIONAL COVERAGE)

THE APPLICANT CAN CONFIRM THAT	YES	NO
20. All the Applicant Organisation's employees* are based in the United Kingdom.	<input type="checkbox"/>	<input type="checkbox"/>
21. None of the Applicant Organisation's employees* is permanently based in the London postcodes EC or WC.	<input type="checkbox"/>	<input type="checkbox"/>
22. The Applicant Organisation's total annual wages divided by its total number of employees is £50,000 or less.	<input type="checkbox"/>	<input type="checkbox"/>
23. The Applicant Organisation's total number of employees* is not expected to exceed 100 in the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
24. The Applicant Organisation ensures that all its existing and new employees* have a signed contract of employment.	<input type="checkbox"/>	<input type="checkbox"/>
25. The Applicant Organisation has a written grievance procedure in place, which is communicated to all employees*.	<input type="checkbox"/>	<input type="checkbox"/>
26. The Applicant Organisation is not currently undergoing or contemplating any involuntary redundancies or terminations.	<input type="checkbox"/>	<input type="checkbox"/>
* includes part time, seasonal and volunteer workers		

### SECTION 5 - PREVIOUS EXPERIENCE STATEMENT

27. The Applicant, or its Trustees, Officers, Committee Members or Managers, are not aware of any claim(s) that have been made in the past, or any circumstance(s) that could give rise to a claim being made in the future, against the Applicant Organisation, or its Trustees, Officers, Committee Members or Managers involving the following:	YES	NO
<ul style="list-style-type: none"> <li>• its employees or volunteers</li> <li>• its members</li> <li>• its beneficiaries</li> <li>• its former or current Trustees, members or beneficiaries</li> <li>• Government authorities e.g. Charities Commission, HM Revenue &amp; Customs, Department for Business, Enterprise and Regulatory Reform (formerly the Department of Trade and Industry)</li> <li>• accountants, liquidators or receivers</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
or any other person or entity not mentioned above.		
<i>Regardless of whether or not the claim(s) or circumstance(s) has been notified to a current or previous Insurer</i>		

## SECTION 6 - SELECT LEVEL OF COVER

If all statements have been answered YES use the table below to calculate the premium for the level of cover requested.

All Angel Policyholders receive:

- free legal advice from qualified solicitors on matters likely to give rise to claim.

Policyholders who opt for Employment Practices Liability insurance receive:

- fortnightly copies of Indicator®'s Personnel Tips and Advice newsletter
- 3 months access to the Indicator®'s Personnel Plus website

<sup>1</sup>Refer to the Policy wording for full terms, clauses, conditions and exclusions.

	THE ANGEL TRUSTEE POLICY WITH FIDELITY COVER <sup>1</sup> (For Not for Profit Organisations)	PLUS ORGANISATIONAL LIABILITY <sup>1</sup> (Entity and Professional)	PLUS EMPLOYMENT PRACTICES LIABILITY <sup>1</sup>
	<ul style="list-style-type: none"> <li>✓ Trustee Indemnity Liability from covered Wrongful Acts (including Managers and Supervisors)</li> <li>✓ Defence and Investigation Costs from covered Wrongful Acts</li> <li>✓ Criminal &amp; Extradition Defence Costs</li> <li>✓ Pollution Defence Costs</li> <li>✓ Fidelity Cover (£50,000 Limit £500 per claim Excess)</li> <li>✓ 6 Years Cover for retiring Trustees and Directors</li> <li>✓ Cover for Outside Trusteeships and Directorships</li> <li>✓ Identity Theft Costs &amp; Expenses (£25,000 limit)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Organisational (Entity and Professional ) Liability from covered acts</li> <li>✓ Defence and Investigation Costs from covered acts</li> <li>✓ Criminal Defence Costs</li> <li>✓ Pollution Defence Costs</li> <li>✓ Additional Limit for Unindemnifiable Loss</li> <li>✓ Defence Costs for Breach of Contract (£50,000 limit, varying per claim Excess applies)</li> </ul> <p>£500 per claim Excess applies</p> <p>Plus all the benefits of the Angel Trustee Policy<sup>1</sup></p>	<ul style="list-style-type: none"> <li>✓ Liability from covered Employment Practices Wrongful Acts including:</li> <li>✓ Defence and Investigation Costs from covered Employment Practices Wrongful Acts</li> <li>✓ Claims/allegations of unfair dismissal, race, sex, age and disability discrimination</li> </ul> <p>£2,500 per claim Excess applies</p> <p>Plus all the benefits of the Angel Trustee Policy with Organisational Liability and Fidelity Cover<sup>1</sup></p>

### 1. LIMITS FOR TURNOVER UP TO £1M (CIRCLE THE PREMIUM SELECTED)

£250,000	£150	£210	N/A
£500,000	£200	£280	£440
£1,000,000	£250	£350	£550
£2,000,000	£325	£455	£715

### 2. LIMITS FOR TURNOVER BETWEEN £1M AND £2M (CIRCLE THE PREMIUM SELECTED)

£500,000	£250	£350	£550
£1,000,000	£300	£420	£660
£2,000,000	£400	£560	£880

### 3. LIMITS FOR TURNOVER BETWEEN £2M AND £5M (CIRCLE THE PREMIUM SELECTED)

£500,000	£300	£420	£660
£1,000,000	£350	£490	£770
£2,000,000	£450	£630	£990
£3,000,000	£550	£770	£1,210

### 4. LIMITS FOR TURNOVER BETWEEN £5M AND £10M (CIRCLE THE PREMIUM SELECTED)

£500,000	£350	£490	£770
£1,000,000	£400	£560	£880
£2,000,000	£525	£735	£1,155
£3,000,000	£625	£875	£1,375

All Premiums subject to change and acceptance by Insurers

## SECTION 7 - CALCULATE COST PER ANNUM

APPLICANT ORGANISATION'S TURNOVER LAST FINANCIAL YEAR	£
LIMIT REQUESTED	£
ANNUAL PREMIUM (As per your selection of cover which includes IPT)	£
ADD – Annual Fee	£ 25.00
TOTAL ANNUAL COST	£

### ADDITIONAL INFORMATION TO QUALIFYING STATEMENTS

Note : 1. This section is subject to further consideration by Insurers. 2. Please indicate below if more information is attached.

More information is attached to this Application Form

I would like my broker to contact me before completing my Policy

Similar to other professional insurances, the Angel Trustee and Organisational Liability Policy is underwritten on what is known as a 'claims made basis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notified to the Insurers during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important the Applicant ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.

Angel Underwriting Limited is regulated by the Financial Services Authority (FSA). Further information about the FSA can be found on their website [www.fsa.gov.uk](http://www.fsa.gov.uk) and [www.moneymadeclear.fsa.gov.uk](http://www.moneymadeclear.fsa.gov.uk). Information about Angel Underwriting Ltd can be found at [www.angelunderwriting.com](http://www.angelunderwriting.com).

#### DATA PROTECTION

By signing this Application Form the Applicant consents to the Insurer or its representatives using the information Insurers may hold about the Applicant for the purpose of providing insurance and handling claims and to process sensitive personal data about the Insured where this is necessary in compliance with the provisions of the Data Protection Act 1998. This may necessitate providing such information to third parties.

#### MATERIAL FACTS

All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by Insurers. If the Applicant is in any doubt as to what constitutes a material fact they should consult their insurance broker.

#### DECLARATION

The Applicant warrants to the best of his or her knowledge and belief that all the information contained in this Application Form is true and includes all material information. The Applicant warrants that if the information supplied herein changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify the Insurers of such change, and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Application on behalf of the Applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

(Must be Chairperson, Managing Director or Managing Trustee/Committee Member responsible for Insurance)

Your Broker Details